

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Christine Jardine Date 6/2/11
Site Address 324 Clark Rd, Lillington, NC Phone 978-660-7920
Directions to job site from Lillington NC27 West 7.44 mile @ on Clark Rd. 1/4 mile down house on Right Side.

Subdivision _____ Lot _____
Description of Proposed Work Construct Single Family Dwelling # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Value Build Homes Telephone 919-777-0393
Building Contractor's Company Name
3015 S. Jefferson Hwy, Sanford Email Address Sara@valuebuildhomes.com
Address 55372 27372
License # _____

Electrical Contractor Information

Description of Work Prewire from out Service Size 200 Amps T-Pole Yes No
Arguido Electric LLC Telephone 919-214-8287
Electrical Contractor's Company Name
4424 River Edge Dr, Raleigh, NC Email Address arguidoelectric@gmail.com
Address 29138-0
License # _____

Mechanical/HVAC Contractor Information

Description of Work Installation of HVAC System
Jason K. Holland Holland Mechanical Telephone 919-520-6236
Mechanical Contractor's Company Name
51 Hibernia Ct, Smithfield, NC Email Address Courtney@hollandmechanicalinc.com
Address 32969
License # _____

Plumbing Contractor Information

Description of Work Rough in's Trim out plumb. # Baths 2
Vance Johnson Plumbing Telephone 910-424-6712
Plumbing Contractor's Company Name
3242 Mid Pine Rd. Fayetteville, NC Email Address ljouhey@vjplumbing.com
Address 7756
License # _____

Insulation Contractor Information

Tri City Insulation & Building Products Telephone 910-237-8055
Insulation Contractor's Company Name & Address

*NOTE General Contractor must fill out and sign the second page of this application

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6/1/17
Date

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name Value Build Homes

Sign w/Title [Signature] General Manager Date 6/1/17

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 660708

Filed on: 05/30/2017
Initially filed by: valuebuild

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507, Raleigh, NC 27601

Phone: 888-690-7384

Fax: 919-489-5231

Email: support@liensnc.com

Project Property

324 Clark Rd
Lillington, NC 27546
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Christine Jardine
2317 Park Summit Blvd
Apex, NC 27523
United States
Email: chrisjardine@gmail.com
Phone: 978-660-7920

Date of First Furnishing

05/30/2017

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Technical Support Hotline: (888) 690-7384